

				Attorney Docket No.	2577-114
DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION			D POWER OF	First Named Inv. ntor	Shou-Wei DING
				COMPLETE IF KNOWN	
(37 CFR 1.63)		Application Number	09/700,113		
	Declaration Submitted with Initial Filing	(X)	Declaration Submitted after Initial Filing	Filing Date	
,				Group Art Unit	
				Examiner Name	
					

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name...

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DISEASE RESISTANT TRANSGENIC PLANTS the specification of which is was filed on November 13, 2000 as United States Application Number or PCT international Application Number 09/700,113 and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, meterial information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for petent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO
PCT/SG99/00012 PCT/SG98/00035	SINGAPORE SINGAPORE	02/12/99 05/12/98			

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)					
	:					
<u> </u>		_				

For we hereby appoint the registered practitioner(s) associated with Customer No. 8449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on linformation and belief are believed to be true; and further that these statements were made with the knowledge that

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willful false statements and the like so made are punishable by fine r imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	[] A petition h	as been filed for this un	signed inventor			
Given Name (first and middle [if any]) Shou-Wei	.:	Family Name or SurnameDIN	G			
Inventor's Signature		Date 2/15/2001				
Residence: City Riverside	State California	Country USA	Citizenship AUSTRALIA			
Mailing Address 7450 Northrop Drive Ch ,						
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City Riverside	State California	Zlp 92508	Country USA			
NAME OF SECOND INVENTOR:	[] A patition ha	so been filed for this uns	igned inventor			
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country	Citizenahip			
Mailing Address	,					
Mailing Address						
City	State	Zip	Country			
NAME OF THIRD INVENTOR: [] A petition has been filled for this unsigned inventor						
Given Namo (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country	Citizenship			
Malling Address			·			
Malling Address						
dity	State	Zìp	Country			
NAME OF FOURTH INVENTOR: [] A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature	Date					
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address						
City	State	Zip	Country			

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